3092901 BK 7013 PG 1334





E 3092901 B 7013 P 1334-1335 RICHARD T. MAUGHAN DAVIS COUNTY, UTAH RECORDER 05/11/2018 03:04 PM FEE \$13.00 Pgs: 2

	LLOW INSTRUCTIONS	DEP RT REC'D FOR CSC				
A.	NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		NKA	1	t	
В.	E-MAIL CONTACT AT FILER (optional)		pt,2-630-			d
	SPRFiling@cscglobal.com		0112-630-	0001	0005,5Tre	ex
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)				700 Commes	
lr	1457 95997	\neg				
'	CSC	1	,		O males ()	
	801 Adlai Stevenson Drive		1.2 Pla	12a 1	joe Communes	cecy
	Springfield, IL 62703	Filed In: Utah	1/ 2, 1		•	
lι		(Davis) [
L			THE ABOVE SP	ACE IS FO	OR FILING OFFICE USE (ONLY
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here and produce and produce the produce of the name will be not something that the name will not fit in line 1b, leave all of item 1 blank, check here and produce the name of		modify, or abbreviate any part or or information in item 10 of the F			
	Tail on a management of the Fairling ELC					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c.	MAILING ADDRESS 771 Pebble Brook Ln.		ITY		STATE POSTAL CODE	
	TTT ODDIO BIOCK EII.	Layton		UT	84041	COUNTRY
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and pro 2a. ORGANIZATION'S NAME		modify, or abbreviate any part o or information in item 10 of the F			
OR •	2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
2c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. S	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S	SECURED PARTY): Pro	vide only one Secured Party na	ne (3a or 3t	D)	
	^{3a.} ORGANIZATION'S NAME ZB, N.A. dba Zions First Nat	ional Bank				
or	3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
3c.	MAILING ADDRESS 150 So. Fort Lane	CITY		STATE	POSTAL CODE	COUNTRY
		Layton		UT	84041	USA
	COLLATERAL: This financing statement covers the following collateral: Il Fixtures; whether any of the foregoing is owned substitutions relating to any of the foregoing; all re					ents, and

6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Selle:	r/Buyer Bailee/Bailor Licensee/Licensor

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UCC FINANCING STATEMENT ADDENDUM

INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) ALLING ADDRESS ADDITIONAL SECURED PARTY'S NAME OF ASSIGN									
INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) EBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of not omit, modify, or abbreviate any part of the Debtor's name) and enter the ria. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) AILING ADDRESS ADDITIONAL SECURED PARTY'S NAME or ASSIGN a. ORGANIZATION'S NAME									
FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) EBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of not omit, modify, or abbreviate any part of the Debtor's name) and enter the real organization's name b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) ALLING ADDRESS ADDITIONAL SECURED PARTY'S NAME or ASSIGN as ORGANIZATION'S NAME									
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INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) ALLING ADDRESS ADDITIONAL SECURED PARTY'S NAME of ASSIGN a. ORGANIZATION'S NAME	mailing address in line 10c								
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) AILING ADDRESS ADDITIONAL SECURED PARTY'S NAME OF ASSIGN B. ORGANIZATION'S NAME	10b. INDIVIDUAL'S SURNAME								
AILING ADDRESS ADDITIONAL SECURED PARTY'S NAME OF ASSIGN B. ORGANIZATION'S NAME	INDIVIDUAL'S FIRST PERSONAL NAME								
ADDITIONAL SECURED PARTY'S NAME of ASSIGN a. ORGANIZATION'S NAME					SUFFIX				
a. ORGANIZATION'S NAME	CITY	5	STATE	POSTAL CODE	COUNTRY				
	I IOR SECURED PARTY	S NAME: Provide onl	y <u>one</u> na	me (11a or 11b)					
b. INDIVIDUAL'S SURNAME	11a. ORGANIZATION'S NAME								
	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
AILING ADDRESS	CITY	S	STATE	POSTAL CODE	COUNTRY				
DITIONAL SPACE FOR ITEM 4 (Collateral):									
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATE covers timber to be		tracted c	ollateral is filed as a f	fixture filing				
ne and address of a RECORD OWNER of real estate described in item 16 lebtor does not have a record interest):	16. Description of real estate BEG ON THE E'L'		3 N F1						
	FT E & 2223.0 FT	N OF THE SW	COF	R OF THE NE 1/4	OF SEC				
	12-T4N-R2W, SLM 53"12' E 9.6 FT, M								
	STATE HWY 50.0	FT PERP'LY	DISTA	NT SW'LY FR TH	ΙE				
	CENTERLINE THE HWY TO A PT N 5								
	POB. CONT. 0.10			D, 111 W 0011 10	J 111L				
SCELLANEOUS:									